



Everything you need to know for OEP 2027

August 26, 2026

Housekeeping



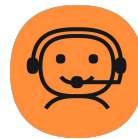
We're Recording

We'll email you a link to the recording & copy of the deck soon for you to review as needed.



Questions

Please submit questions via the Q&A feature within the zoom. We will share a copy afterwards.



Speed Controls

You are able to control the speed of the recording that we share with you. Feel free to slow it down or speed it up as needed.

Today's deck is already available within the [Agent training help article](#)

Additional training sessions

Register for any of our upcoming training sessions or watch recordings of recent sessions by visiting our [Agent Training](#) page:

- Policy & process updates
- Everything you need to know for OEP 2027

Watch recent webinars:

- Special Enrollment Periods (SEPs)
- HealthSherpa 101
- New to ACA
- Selling ACA plans

HealthSherpa for Agents						
AUGUST 2026						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5 • POLICY & PROCESS UPDATES	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26 • EVERYTHING YOU NEED TO KNOW FOR OEP 2027	27	28	29
30	31					

Key Terms

- **Affordable Care Act (ACA) plans:** Often refers to health plans intended for consumers who are not enrolled in Medicare or Medicaid.
- **Marketplace:** An official health insurance exchange where consumers can shop for ACA plans, apply for coverage, & find out whether they're eligible for a subsidy. Marketplace can refer to either the Federally Facilitated Marketplace (FFM) or a State-based Marketplace (SBM).
- **Subsidy:** A federal financial assistance designed to lower the cost of health insurance purchased through the Marketplace. Subsidy eligibility can consist of both advance premium tax credit (APTC) and cost-sharing reductions (CSR).
- **Centers for Medicare & Medicaid Services (CMS):** The federal agency that oversees the FFM, Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).
- **Open Enrollment Period (OEP):** The annual window when consumers can enroll in, or renew, an ACA plan
- [Additional glossary terms here](#)

Agenda

Participating in OEP

ACA updates

Active & Passive renewals

Preparing for OEP

Renewal flows

Resources

Q&A

Participating in OEP

New to ACA?

Getting started in the ACA space can feel overwhelming; HealthSherpa provides resources to help.

Help article

If you're new to the ACA space, [here](#) are six steps you can take to get started.

Recorded webinar

Review a [recently recorded webinar](#) where we review these steps live, provide you with an overview of the ACA enrollment journey, and walk through HealthSherpa account creation.



New to HealthSherpa?

HealthSherpa allows agents to shop for plans, complete subsidy applications, and submit enrollments directly within their HealthSherpa account.

Help article

Agents who are new to HealthSherpa can review [the basics](#).

This article covers an overview of HealthSherpa, where to start, how to shop & how to apply, using the help center, agent training sessions, and frequently asked questions.



Getting certified

You'll need to complete your [marketplace certification\(s\)](#) annually to sell ACA for the upcoming plan year.

- The certification required varies by state, view marketplace types by state [here](#).
- Complete [FFM certification](#) to sell plans in states leveraging the FFM. **FFM certification is not yet live for PY 2027.**
- If you wish to sell plans in states that leverage SBMs, such as [Georgia](#), you will need to complete that states unique certification.

Sign in/Create your CMS account

By signing in, you agree to the [terms and conditions](#).



Personal Identity Verification (PIV)

Existing CMS employees and contractors can securely sign in using their federal PIV card.

Continue



ID.me

For new and existing users that want to create an account or sign in with an existing ID.me wallet.

Continue



Login.gov

For new and existing users that want to create an account or sign in with existing Login.gov credentials.

Continue



EUA or IDM User ID

Existing users with active EUA or IDM credentials can sign in using their current account.

Continue

FAQs

How do I know which [sign in option](#) to choose?

Why does this [sign in page](#) look different?

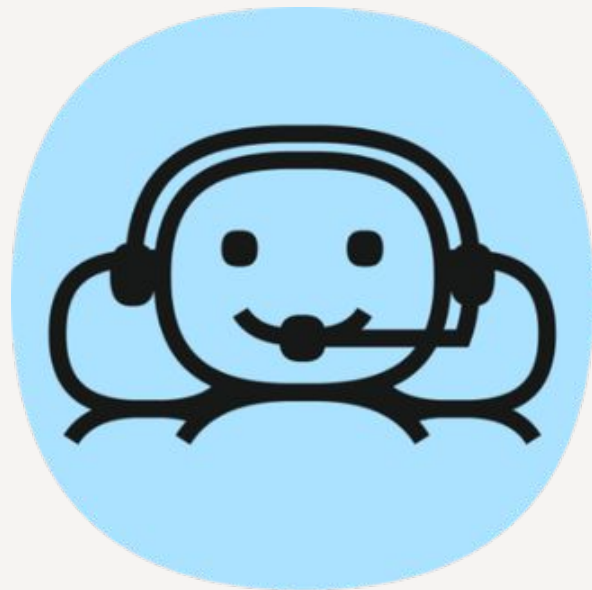
ACA updates

Marketplace call center

Beginning OEP for plan year 2027, the Marketplace Call Center will no longer support changes requested by an agent, except in complex cases.

If you are in the habit of contacting the Marketplace during enrollments, prepare to adjust your process.

[HealthSherpa 101](#) is a foundational webinar for agents that includes a live platform demonstration, an overview of how to use the quoter, and a full application walkthrough.



FFM integration timeout

CMS has reduced the FFM inactivity window from 12 hours to 30 minutes.

Beginning **August 4, 2026**, when an agent is idle in their HealthSherpa account for longer than thirty minutes, [FFM account integration](#) times out.

To reduce interruptions, HealthSherpa keeps your account integrated up to 12 hours at a time as long as you are active.



A screenshot of the HealthSherpa sign-in/creation interface. The title is "Sign in/Create your CMS account". Below the title is a link to "terms and conditions". There are three sign-in options, each with an icon, a title, a description, and a "Continue" button:

- Personal Identity Verification (PIV)**: Existing CMS employees and contractors can securely sign in using their federal PIV card.
- Login.gov**: New users should choose this trusted sign-in option to create an account or sign in with existing Login.gov credentials.
- EUA/IDM User ID**: Existing users with active EUA or IDM credentials can sign in using their current account.

Below the sign-in options is a section titled "FAQs" with two questions:

- How do I know which [sign in option](#) to choose?
- Why does this [sign in page](#) look different?

Agent authorization

[Agents must be authorized](#) to work on a consumer's application.

Authorization occurs at the beginning of the application and is required once per plan year, per agent, per platform. It is not required each time an agent interacts with the consumer's application as long as authorization remains active.

Only one authorization can be active at a time, and new authorizations replace previous authorizations.

[CMS' guidance and FAQs released August 7th, 2026](#)

Authorization required



1

Send link

2

ID proof

3

Authorize

To access this application, your client must verify their identity and authorize you to work with them

Text link to (123) 456-1234

Email link to sample@gmail.com



Feature Under
Construction

Cancel

Agent authorization

Agent authorization, CMS consent requirements, and CMS' Invalid Action error are three separate things.



Agent authorization

Needed annually to access or make changes to a consumer's Marketplace application.



Consent

Obtain and document consumer consent & eligibility application review when providing assistance.



Invalid Action

Occurs at the end of an application and is based on the National Producer Number (NPN) currently associated with the enrollment.

Beginning OEP for plan year 2027, CMS will sunset the Invalid Action error.

Agent authorization

Workflow

Before an agent can assist with a consumer's application on HealthSherpa, the consumer must complete an authorization step for that specific agent. For example, by clicking a link sent by text/email, or entering a one-time passcode.

CMS requires implementation by OEP 2027.

Pending CMS approval: HealthSherpa will make this available on the platform before OEP so agents can begin gathering authorization early.



Agent authorization

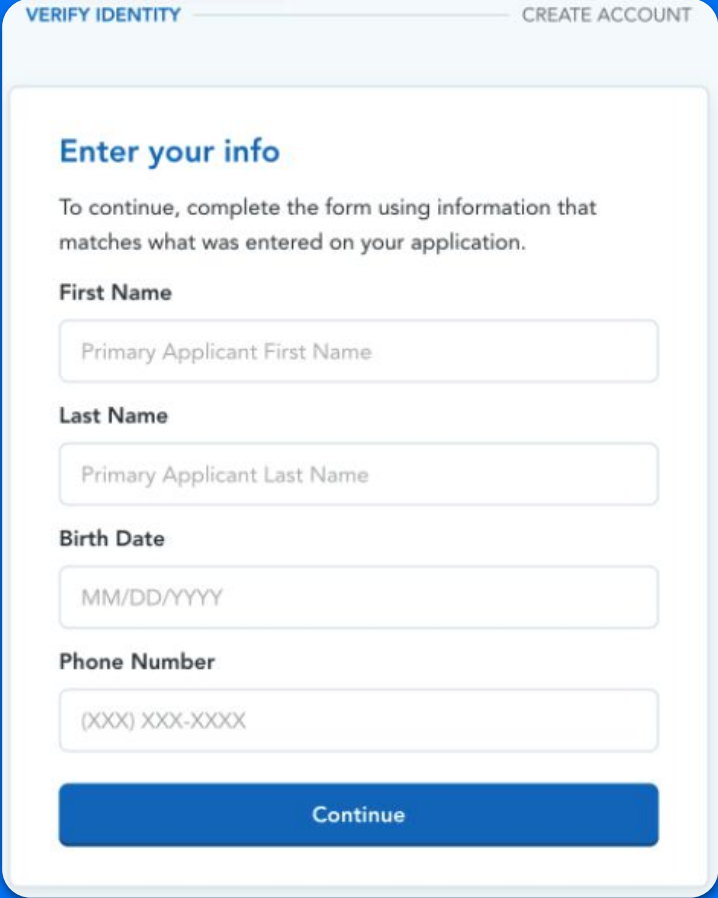
High risk applications

Applications flagged as high risk by CMS will require consumers go through [identity verification](#) when authorizing an agent.

Applications flagged as high risk by CMS include:

- New to the Marketplace or state
- Enrollment is already active, and has a net monthly premium of \$30 or less
- Consumer is working with a different agent

Identity verification will also be required if an application moves from low risk to high risk during the enrollment journey.



The image shows a digital form titled "VERIFY IDENTITY" with a "CREATE ACCOUNT" link in the top right. The form is set against a blue background. The main heading is "Enter your info" in blue. Below it, a message states: "To continue, complete the form using information that matches what was entered on your application." The form contains four input fields, each with a label above it: "First Name" (placeholder: "Primary Applicant First Name"), "Last Name" (placeholder: "Primary Applicant Last Name"), "Birth Date" (placeholder: "MM/DD/YYYY"), and "Phone Number" (placeholder: "(XXX) XXX-XXXX"). At the bottom is a blue "Continue" button.

Identity verification pathways

Several [identity verification pathways](#) are available on HealthSherpa.

When the consumer lands on the Authorization page, Experian's identity verification process will begin immediately. If a consumer's application is flagged as high-risk, and the consumer's identity cannot be verified by Experian, HealthSherpa presents alternative verification pathways.

Consumers who have verified their identity in the past will not need to repeat this step.

The image displays two screenshots of the ID.me verification interface against a blue background. The left screenshot is a desktop view titled 'VERIFY IDENTITY' and 'CREATE ACCOUNT'. It features a section 'Upload ID documents' with instructions: 'You can upload a photo of your ID and a selfie, or take a photo directly using your computer or phone.' Below this are 'Restart' and 'Continue' buttons. At the bottom, it says 'Need help? Call your agent at (214) 888-4950.' The right screenshot is a mobile view titled 'Create an ID.me account'. It includes a warning: 'Multiple ID.me accounts are not allowed. If you have an ID.me account, use it to sign in.' Below this is a link 'Need to use ID.me for work? Follow these steps.' The form has fields for 'Email *' (with placeholder 'Enter your personal email address'), 'Password *' (with placeholder 'Enter password' and an eye icon), and 'Confirm Password *' (with placeholder 'Reenter password' and an eye icon). There are checkboxes for 'Remember me' (with subtext 'For your security, select only on your devices.') and 'I accept the ID.me Terms of Service and Privacy Policy *'. A 'Create account' button is at the bottom. At the very bottom of the mobile screen are links for 'What is ID.me?', 'Terms of Service', and 'Privacy Policy'.

Agent authorization

Reporting

We will allow agents to quickly view and manage authorizations across their book of business.

- Easily initiate authorization requests
- View authorization statuses all in one place
- Sort by plan year
- Search for consumers

We will provide export reporting, notifications to agents when changes occur, and a highlight view on the Home page.



Policy updates

In effect



Enhanced marketing standards

PY 2027



OEP window November 1, 2026 - January 15, 2027

Catastrophic coverage up to 10 years

Narrowed list of immigration statuses eligible for subsidies

PY 2028



Non-network plans allowed

Subsidy ineligible after one year FTR

Enhanced consent requirements

Consumers must actively renew to continue subsidy eligibility

Rule | Law

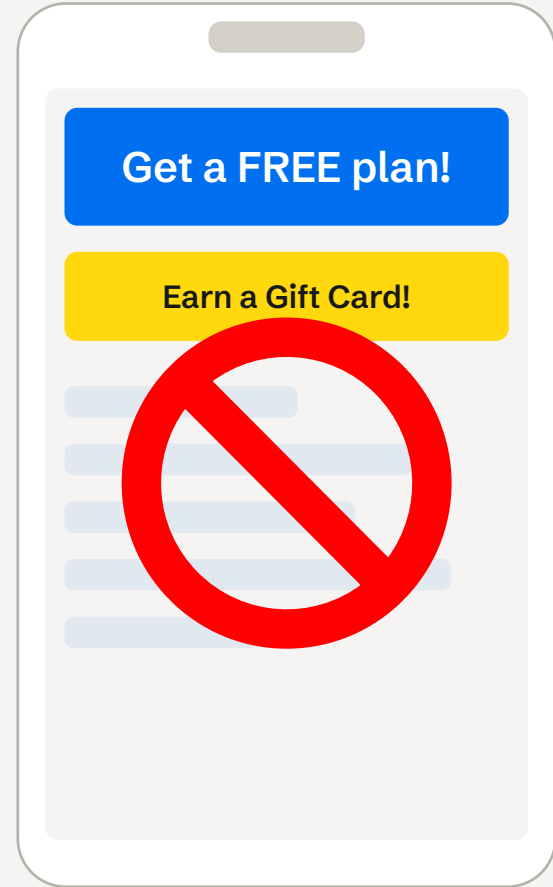
New marketing standards

CMS has finalized a list of marketing practices that are now explicitly prohibited. Agents cannot do things like:

- Guarantee \$0 premiums
- Offer cash or gift cards to encourage enrollment
- Use government logos to suggest official affiliation
- Misrepresent enrollment deadlines or timelines
- Reference fake legislation or regulations

You are responsible for marketing content created on your behalf by third parties. Keep records of content you authorize in case of CMS audit.

7/20/2026



Open Enrollment Period duration

[Open Enrollment Period \(OEP\)](#) is the annual window when consumers can enroll in an Affordable Care Act (ACA) plan for the upcoming plan year.

OEP for states that use the Federally-Facilitated Marketplace (FFM) was November 1 - January 15. CMS proposed shortening the OEP window to November 1 - December 15 beginning OEP for PY 2027.

Most recently, CMS announced **OEP for PY 2027 will be November 1, 2026 - January 15, 2027.**

PY 2027



Catastrophic coverage up to 10 years

Carriers have the option to offer [catastrophic coverage](#) for up to 10 consecutive years.

Catastrophic plans cover the same 10 essential health benefits as the other metal levels, and typically have low monthly premiums coupled with high deductibles. Subsidies cannot be used toward Catastrophic plans.

Catastrophic plans are available to individuals under 30, or those who qualify for an exemption.

PY 2027



Immigration statuses eligible for subsidies

U.S. citizens, U.S. nationals, and [lawfully present immigrants](#) can still purchase Marketplace coverage, but the WFTC shrinks the list of [immigration statuses eligible for subsidies](#). Only the following immigration statuses will be subsidy eligible:

- Lawful permanent residents (green card holders)
- Certain Cuban and Haitian immigrants
- Individuals in the U.S. through a Compact of Free Association (COFA migrants)

PY 2027



HealthCare.gov

Menu

Email Print

Immigrants

More info

Health coverage for immigrants

Coverage for U.S. citizens & U.S. nationals

Coverage for lawfully present immigrants

Immigration status to qualify for the Marketplace

Immigration documentation types

More information for immigrant households

Immigration documentation types

You may need to have one or more of the following documents or numbers when you apply for and enroll in Marketplace coverage. The documents you need depend on your immigration status.

- Permanent Resident Card, "Green Card" (I-551)
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Employment Authorization Document (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94/I-94A)
- Arrival/Departure Record (I-94/I-94A)
- Arrival/Departure Record in foreign passport (I-94)
- Foreign Passport
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS-2019)
- Notice of Action (I-797)
- Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Document indicating withholding of removal
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Alien number (also called alien registration number or USCIS number) or I-94 number
- USCIS Acknowledgement of Receipt (I-797C)

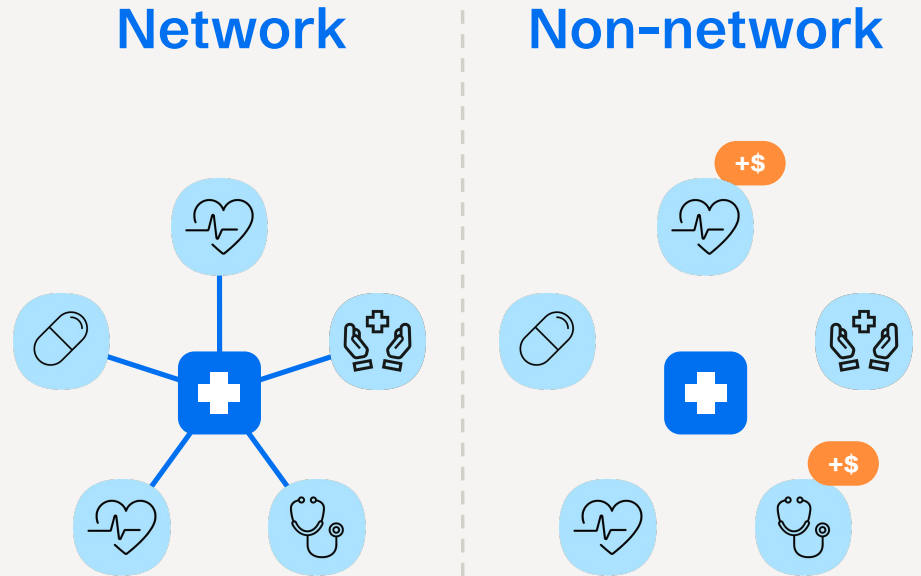
Non-network plans allowed

Health plans without a provider network can now be certified as QHPs, as long as the state allows it. Instead of a contracted network, these plans set a payment rate for each covered service. To be certified, the plan must show that enough providers accept that rate as payment in full.

These plans must still cover all 10 essential health benefits.

Consumers should confirm their provider accepts the plan's payment rate before a visit. If the provider charges more, the consumer may owe the difference.

PY 2028



Subsidy ineligible after FTR

Consumers receive a [Failure to File and Reconcile \(FTR\) notice](#) when they do not file taxes and reconcile Advance premium tax credit (APTC) dollars used.

Consumers previously had a 2-year FTR window before they would lose subsidy eligibility, and CMS proposed shrinking the window to 1-year.

Most recently, CMS announced **subsidy ineligibility after FTR will be rolled back entirely for plan years 2026 & 2027**. Subsidy ineligibility after FTR will return for plan years 2028 and beyond, implementing the 1-year FTR window.

PY 2028



Tax filing question

If John Doe got the premium tax credit in 2023 and 2024, did they file a tax return with IRS form 8962 to reconcile those payments for at least one of those years? ?

Not sure how to answer? ▾

- ☒ Yes, they got premium tax credits in 2023 and 2024, and filed a tax return with Form 8962 for at least one of those years.
- ☐ No, they either did not get premium tax credits in 2023 and 2024, or they got them, but did not file a tax return with Form 8962 for at least one of those years.

Back

Continue

New consent requirements

CMS is standardizing how agents, brokers, and web-brokers collect [consent](#).

You'll be required to use a standard CMS consent form, and consent must be demonstrated through a specific qualifying action (examples: written or electronic signature, email from the consumer, recorded verbal conversation), not just a typed signature or checkbox.

Review how you currently capture consent to begin planning for process changes. HealthSherpa will update consent tools to meet the new requirements.

PY 2028



Consent

[Download consent form](#)

The Marketplace requires you to collect written or verbal consent from your client before starting an application. Additionally, you must collect enrollment review before submitting an enrollment. You can document this in your own records or on HealthSherpa.

More questions may appear.

☐ Email consent form to client

☐ Text consent form to client

☐ Select consent from Consent Library [i](#)

☐ Upload consent to HealthSherpa

☒ Store consent outside of HealthSherpa

Back

Continue



Actively renew to keep subsidy eligibility

The WFTC requires consumers to actively provide or verify subsidy eligibility information to continue receiving subsidies.

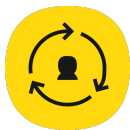
CMS will still passively renew coverage for consumers who qualify, but consumers who are passively renewed could lose subsidy eligibility.

PY 2028



Active v Passive renewals

Two types of renewals



Active Renewal

A consumer updates their Marketplace application during OEP and selects a new plan for the upcoming plan year.

With consent, agents may assist consumers with [active renewals](#).

Ensures NPN accuracy & allows consumers the opportunity to make any necessary updates to their application and plan.



Passive Renewal

A consumer does not update their application and the FFM re-enrolls them into their current plan or the closest equivalent.

A [passive renewal](#) can only take place when **all of the following** are true:

- Active policy for the current plan year
- Not opted out of BAR
- Enrolled in a plan that will be continued for the upcoming plan year or have a crosswalk plan available
- Have not already actively renewed

Active vs. passive renewal flow

OEP27

Active Renewal



2026
Coverage



Update/review
subsidy application



Subsidy eligibility
re-determined



Shop 2027
plan



Confirm 2027
selections

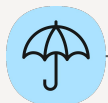


Submit 2027
enrollment



**Active
Renewal**

Passive Renewal



2026
Coverage



FFM automatically
re-determines subsidy
eligibility

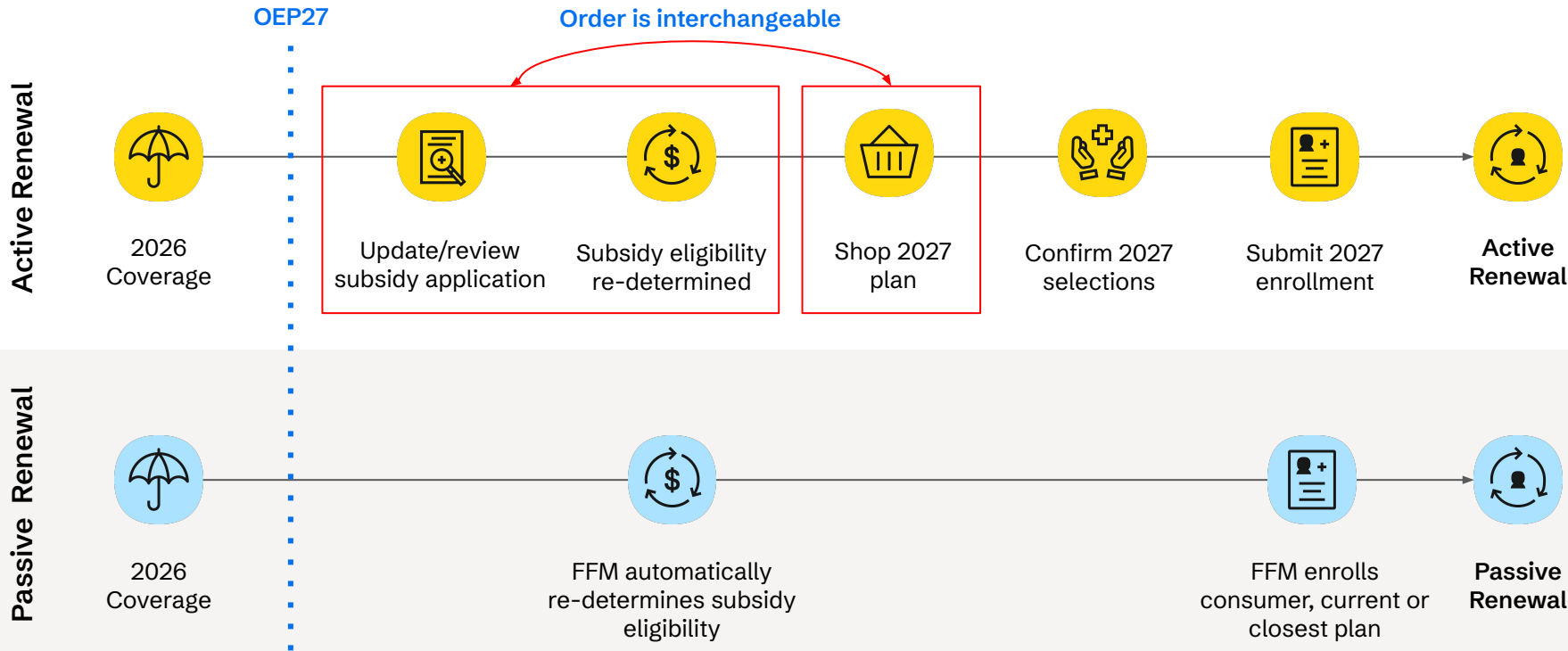


FFM enrolls
consumer, current or
closest plan



**Passive
Renewal**

Active vs. passive renewal flow



Preparing for OEP

Steps you can take now

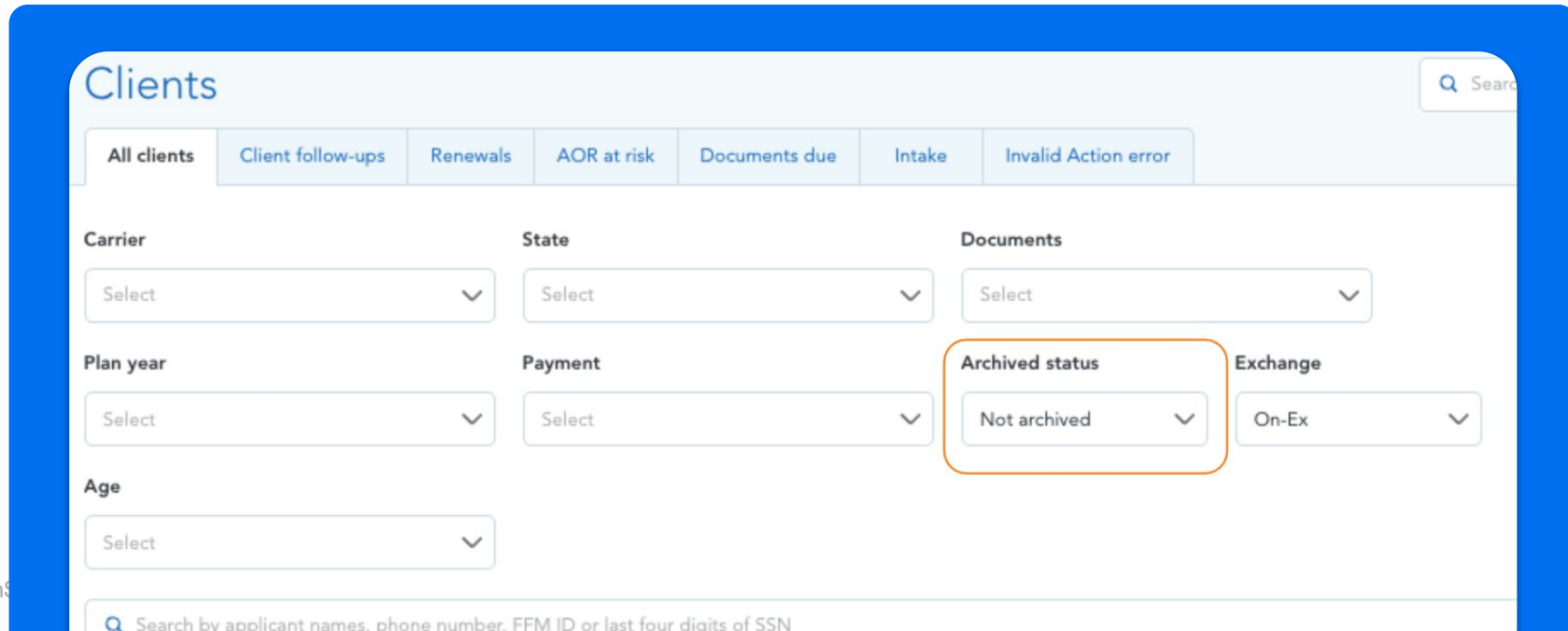


1. Review your book of business
2. Leverage consent library
3. Utilize the intake form
4. Review renewal factors

1. Review your book

Archive records

[Archiving](#) client or lead records helps agents keep the Clients and Leads pages focused on active consumers. This is useful when an agent is no longer working with an individual and wants to filter their book of business in HealthSherpa.



The screenshot displays the 'Clients' management interface. At the top, there is a search bar and a series of tabs: 'All clients', 'Client follow-ups', 'Renewals', 'AOR at risk', 'Documents due', 'Intake', and 'Invalid Action error'. Below the tabs, several filter categories are listed with corresponding dropdown menus: 'Carrier', 'State', 'Documents', 'Plan year', 'Payment', 'Archived status', 'Exchange', and 'Age'. The 'Archived status' dropdown is highlighted with an orange border and shows 'Not archived' as the selected option. At the bottom, there is a search bar with the placeholder text 'Search by applicant names, phone number, FFM ID or last four digits of SSN'.

HealthSherpa

2. Leverage consent library

Consent includes two separate parts



Consumer Consent

[Consumer Consent](#) indicates a consumer has granted permission for an agent to provide assistance with their Marketplace enrollment.



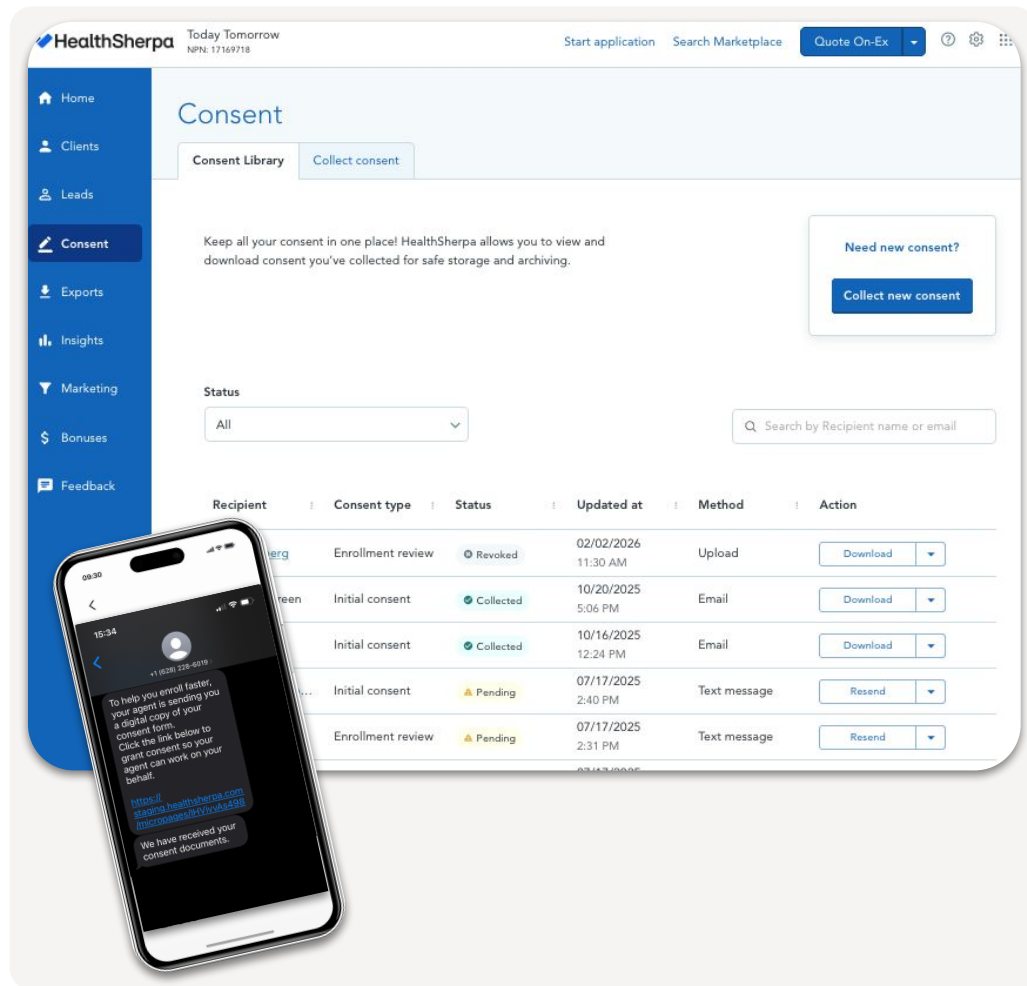
Eligibility Application Review

[Eligibility Application Review](#) details application data and plan selection have been reviewed and approved by the consumer, and attestations have been shared.

Consent Library

The [Consent Library](#) provides a central place to view and manage any Consumer Consent and Eligibility Application Review documentation stored in the HealthSherpa account.

- Upload existing consent documentation you would like stored in HealthSherpa
- Collect new or updated **Consumer Consent** early
- Search by consumer name or email



3. Utilize the intake form

Intake form

The [intake form](#) allows consumers to securely:

- Provide updated contact, household, and income information
- Upload documents early to get ahead of potential [Data Matching Issues \(DMIs\)](#) and [SEP Verification Issues \(SVIs\)](#)
- Send notes back to you

Intake forms can be completed by consumers or by agents on behalf of consumers.

Easily copy information from the intake form to your application during the renewal process.

Sending an intake form

Agents can prepare an intake form for a single client, a single lead, or multiple clients at once.

Agents can preview and customize intake form emails prior to sending, and are notified each time a consumer successfully completes an intake form.

The screenshot displays a web interface titled "Send intake form" with a close button (X) in the top right corner. Below the title are two tabs: "Email intake form" (active) and "Copy intake link".

The main content area includes the following elements:

- Instructions:** "Collect information easily using the intake form. Your consumer can report changes, send you documents securely, and add notes or questions. [Preview the intake form](#)"
- Recipient email:** A text input field.
- Notification:** A blue icon with the number "1" followed by the text: "Your consumer will see this email in the language that matches their application."
- Subject:** A text input field containing "Your health insurance intake form" with a character count of "0/100".
- Message:**
 - Greeting: "Hello Grace,"
 - Body text: "I partner with HealthSherpa to complete your enrollment. Please click the link below to provide updates."
 - Write a message (optional):** A section with a pencil icon and a text area containing the placeholder text: "e.g. Upload your updated citizenship document and share any changes since your last application." The character count is "0/500".
 - Complete intake form:** A link.
 - Closing text: "Thank you," followed by placeholders for "Today Tomorrow", "[Agency name]", "[Agency phone]", and "[Account email]".
- Buttons:** "Cancel" and "Send" buttons at the bottom right.

Sending an intake form

Sending to multiple clients

Send to everyone on the Clients page or use filters on the Clients page to narrow the recipient list.

Agents automatically receive a bulk email summary notification that includes:

- Count of emails sent
- Count of who could not receive the email with insight into why
- Ability to view more details in the form of an export

The screenshot displays the 'Bulk email clients' interface. At the top, there's a header 'Bulk email clients' and a button 'Send a test email'. Below this is a 'Choose a template' section with a dropdown menu. The dropdown is open, showing three options: 'Intake form' (selected), 'Client check-in', and 'Birthday greeting'. The 'Intake form' option has a description: 'Request consumer's household info and documents'. Below the dropdown is a 'Subject line' field with the text 'Update your insurance information'. Underneath is the 'Email body' section, which includes a blue information icon and the text: 'What you send in the email will also show up in the intake form. View example form'. The email body content starts with 'Hi [client first name],', followed by a paragraph: 'Complete the linked intake form to share updates on important information that can affect your eligibility and subsidy.' Then, it says 'Please provide the following updates:' followed by a bulleted list: '• Contact information', '• Household size', '• Employee sponsored health insurance', '• Address', and '• Income'. Below this list is the text 'This information is stored securely. Thank you!' and a button 'Complete intake form'. At the bottom right, there are two buttons: 'Cancel' and 'Send up to 45 emails'.

Review results

Leverage intake form results to identify next steps.

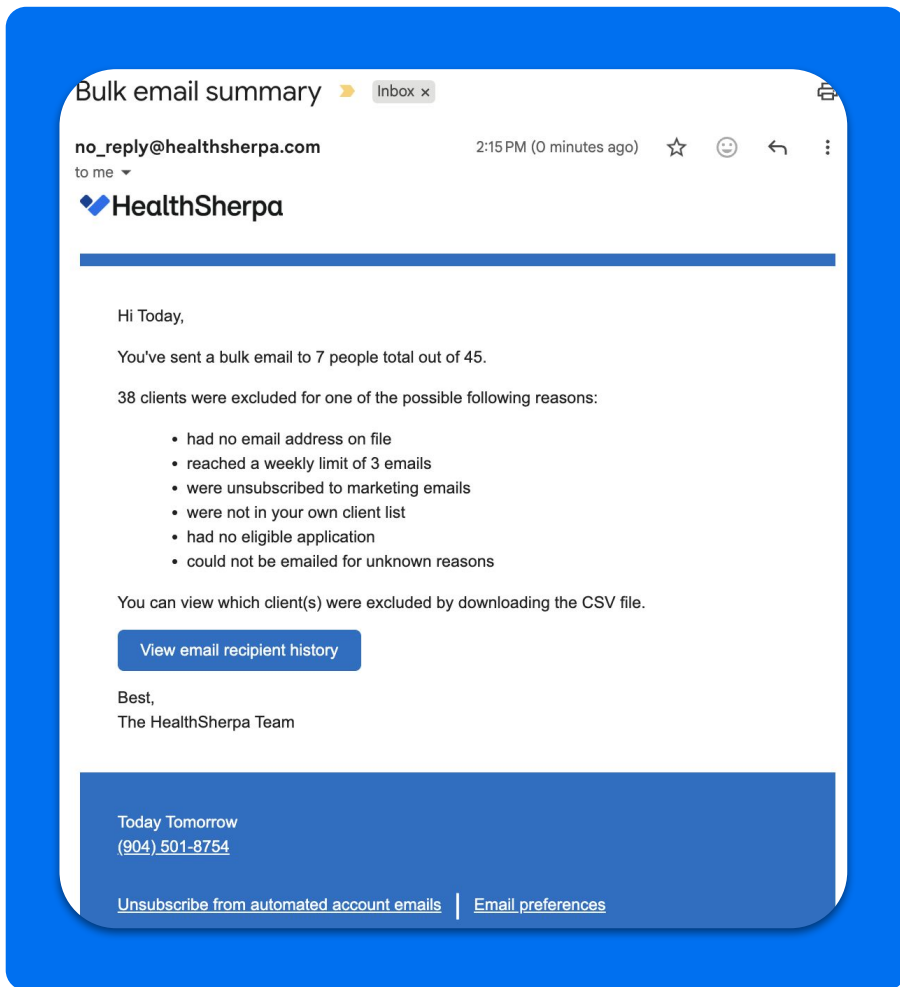
Intake form could not be sent

Reach out to the consumer now to verify application accuracy.

Consumers are responsible for keeping their Marketplace application up to date throughout the year. With consent, assist consumers with any updates that may be needed to plan year 2026 applications.

Household or income information has changed

Actively renew the consumer during OEP to ensure application accuracy.



4. Review renewal factors

Renewals tab

The [Renewals tab](#) displays renewal statuses for your full client list all in one place, helping agents prioritize active renewals.

This view updates throughout the year as renewal information changes.

Easily search your book of business, and use filters to narrow your focus.

Renewals

Give us feedback!

These clients are at risk of not renewing, losing their subsidy, or experiencing a significant crosswalk change. We recommend you actively renew these clients. [Learn more about renewals reporting](#)

Coverage at risk0View

Subsidy at risk0View

Coverage changes0View

Premium changes0View

Renewal period

2026 → 2027

Show hidden

Renewal status

Renewal follow-ups

State

Policy status

Select

Select

Select

Effectuated, Pending...

Search

Bulk email clients

Export contact list

☐	Client	Renewal status	Renewal follow-ups	State	Action
☐	John Doe	Same coverage/premium	No plan change	FL	View details
☐	Marie Green	Same coverage/premium	No plan change	UT	View details
☐	Carrot Orange	Same coverage/premium	No plan change	AZ	View details
☐	Roger Rabbit	Same coverage/premium	No plan change	FL	View details
☐	Grey Kite	Same coverage/premium	No plan change	FL	View details
☐	Tina Smith	Same coverage/premium	No plan change	FL	View details

Renewal factors

The Renewal follow-ups filter expands on factors that can impact a consumer's renewal. Follow-ups include:

- **Auto-renewal turned off:** The client opted out of BAR and will not renew passively
- **Carrier change:** The client is being crosswalked to a new plan with a new carrier
- **Loss of \$0 premium:** The client has a \$0 premium plan and will experience a premium increase if the client's income and household are the same as last year's
- **No plan change:** The client will remain on the same plan with the same carrier, although benefits, network, and formulary may still adjust

The screenshot shows the 'Renewals' dashboard in HealthSherpa. At the top, there's a header with 'Renewals' and a 'Give us feedback' link. Below the header, a message states: 'These clients are at risk of not renewing, losing their subsidy, or experiencing a significant crosswalk change. We recommend you actively renew these clients. [Learn more about renewals reporting](#)'. There are four summary cards: 'Coverage at risk' (0), 'Subsidy at risk' (0), 'Coverage changes' (0), and 'Premium changes' (0), each with a 'View' link. Below these is a 'Renewal period' dropdown set to '2026 → 2027' and a 'Show hidden' checkbox. The main section has filters for 'Renewal status' (Select), 'Renewal follow-ups' (Select), 'State' (Select), and 'Policy status' (Effectuated, Pending...). There are buttons for 'Bulk email clients' and 'Export contact list'. A table lists clients with checkboxes for selection. The 'Renewal follow-ups' dropdown is open, showing options: '\$0 premium plan', 'Auto-renewal turned off', 'Carrier change', 'Failure to reconcile APTC', 'Income near 400% FPL', 'Loss of \$0 premium', 'No Plan', 'No Plan Change', and 'Same coverage/premium'. The table shows clients like John Doe, Marie Green, Carrot Orange, Roger Rabbit, and Grey Kite, all with 'No plan change' status and 'FL' state.

Renewal flows

Coming in September!

Help articles

Renewals resources are available here:

- [Window shopping pre-OEP](#)
- [Renewal pathways](#)
- [Renewals reporting](#)

Plan year 2027 information is coming soon. Plan year 2026 information is available now for review.

HealthSherpa resources

Additional training sessions

Register for any of our upcoming training sessions or watch recordings of recent sessions by visiting our [Agent Training](#) page:

- Policy & process updates
- Everything you need to know for OEP 2027

Watch recent webinars:

- Special Enrollment Periods (SEPs)
- HealthSherpa 101
- New to ACA
- Selling ACA plans

HealthSherpa for Agents						
AUGUST 2026						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5 • POLICY & PROCESS UPDATES	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26 • EVERYTHING YOU NEED TO KNOW FOR OEP 2027	27	28	29
30	31					

Resources

[What's New](#) Running list of product updates and feature releases

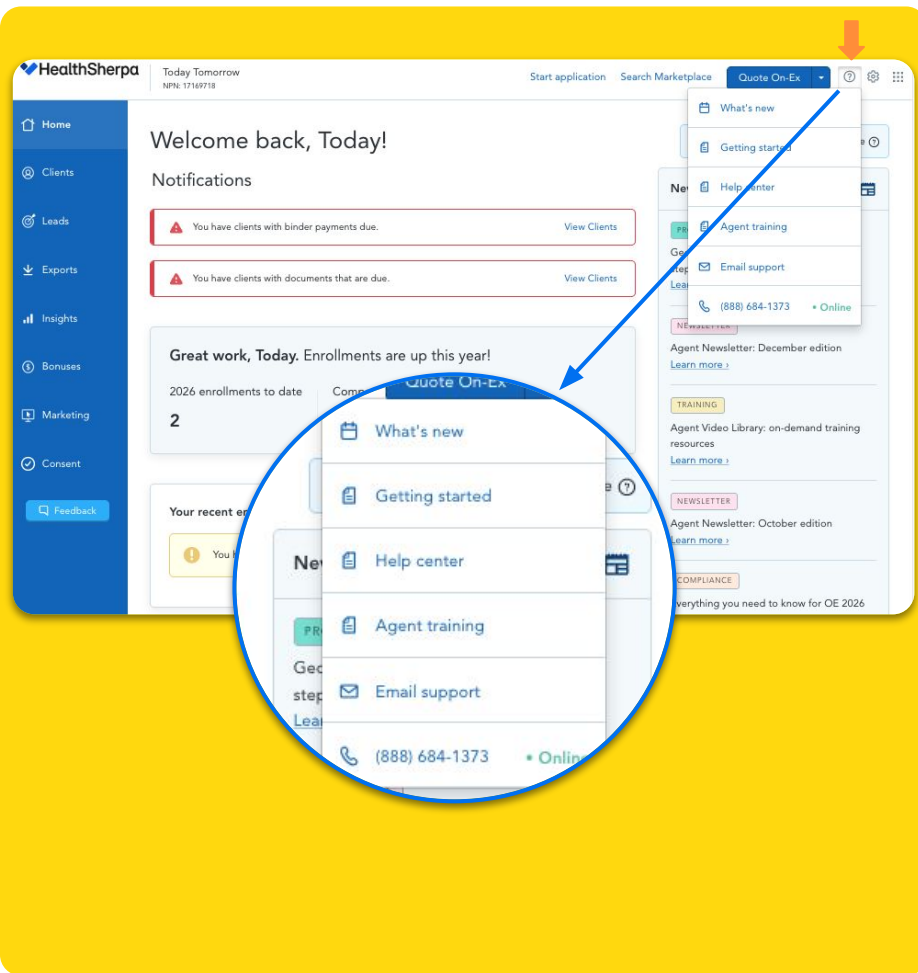
[Getting started](#) Guide for those new to HealthSherpa

[Help center](#) Collection of articles about using your account.

[Agent training](#) review available training sessions

Contact the HealthSherpa Agent Support Team

Keep an eye on your email inbox we share monthly newsletters and important announcements.

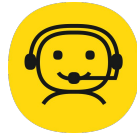


HealthSherpa Agent Support

HealthSherpa Agent Support provides top-tier support for your feature questions, technical issues, and any other questions about our platform.

Standard hours:

- Phone: 6am- 4pm PST M-F
- Email & Chat: 6am- 2:30pm PST M-F



Call 1 (888) 684-1373



Email Support@HealthSherpa.com



Chat directly from your HealthSherpa account

Frequently asked questions

- What is the difference between agent authorization and consent? [Learn more here.](#)
- What is the difference between agent authorization and identity verification? [Learn more here.](#)
- Is identity verification required for every consumer? [Learn more here.](#)
- Does consent have to be updated each year? [Learn more here.](#)
- Can agents submit applications using HealthCare.gov? [Learn more here.](#)
- Do agents have to get authorization if their NPN is already associated with the enrollment? [Learn more here.](#)

Appendix

Acceptable DMI/SVI documents

The list of acceptable documents to choose from varies based on the type follow-up item you are resolving.

Each verify page within HealthSherpa contains the embedded list of acceptable documents you may choose from to satisfy the specific follow-up item selected.

- [SVI documentation information](#)
- [DMI documentation information](#)

Documents to confirm your household income

The documents you submit to the Marketplace to confirm your household income must show a yearly income amount that closely matches the yearly income amount you entered on your application. For example, if you have a different job than you had last year, send the Marketplace recent pay stubs from your new job, instead of last year's tax return or W2.

- **1040 federal or state tax return.** Must contain your first and last name, income amount, and tax year. If you file Schedule 1, you must submit it with your 1040.
- **Wages and tax statement** (W-2 and/or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099SS, 1099INT). Must contain your first and last name, income amount, tax year, and employer name (if applicable).
- **Pay stub.** Must contain your first and last name, income amount, and pay period or frequency of pay with the date of payment. If a pay stub includes overtime, tell us the average overtime amount per paycheck.
- **Self-employment ledger documentation** (can be a Schedule C, the most recent quarterly or year-to-date profit and loss statement, or a self-employment ledger). Must contain your first and last name, company name, and income amount. If you're submitting a self-employment ledger, include the dates covered by the ledger, and the net income from profit/loss.
- **Social Security Administration Statement (Social Security Benefit Letter).** Must contain first and last name, benefit amount, and duration (start and end date).
- **Unemployment Benefits** amount, and duration (start and end date).
- **Or, complete a written explanation** in the drop-down menu when you select "Other" as the reason for not providing documentation.

Has your household income changed?

If so, it's important to report the change.

Documents to confirm your United States (U.S.) citizenship

- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- State-issued enhanced driver's license (available in Michigan, New York, Vermont, and Washington)
- Document from federally recognized Indian tribe that includes your name and the name of the federally recognized Indian tribe that issued the document, and shows your membership, enrollment, or affiliation with the tribe. Documents you can provide include:
 - A tribal enrollment card
 - A Certificate of Degree of Indian Blood
 - A tribal census document
 - Documents on tribal letterhead signed by a tribal official

If you don't have any of the documents above, you can submit 2 documents — one from each list below.

You can submit one of these documents:

Levels of CSR

Cost-sharing reduction (CSR) levels are based on the Federal Poverty Guidelines from the prior plan year. The level of CSR a consumer is eligible to receive if they choose a silver plan is specified within the Marketplace Eligibility Notice.

The [2026 FPL chart](#) will be used to determine subsidy eligibility during plan year 2027 OEP.

Federal poverty level amounts are higher in [Alaska and Hawaii](#). Additional benefits and protections may be available for [American Indians & Alaska Natives](#).

2026 Federal Poverty Guidelines

48 contiguous states and D.C.

Household size	CSR (06)		CSR (05)		CSR (04)		
	100%	138%	150%	200%	250%	300%	400%
1	\$15,960	\$22,025	\$23,940	\$31,920	\$39,900	\$47,880	\$63,840
2	\$21,640	\$29,863	\$32,460	\$43,280	\$54,100	\$64,920	\$86,560
3	\$27,320	\$37,702	\$40,980	\$54,640	\$68,300	\$81,960	\$109,280
4	\$33,000	\$45,540	\$49,500	\$66,000	\$82,500	\$99,000	\$132,000
5	\$38,680	\$53,378	\$58,020	\$77,360	\$96,700	\$116,040	\$154,720
6	\$44,360	\$61,217	\$66,540	\$88,720	\$110,900	\$133,080	\$177,440
7	\$50,040	\$69,055	\$75,060	\$100,080	\$125,100	\$150,120	\$200,160
8	\$55,720	\$76,894	\$83,580	\$111,440	\$139,300	\$167,160	\$222,880
9	\$61,400	\$84,732	\$92,100	\$122,800	\$153,500	\$184,200	\$245,600
10	\$67,080	\$92,570	\$100,620	\$134,160	\$167,700	\$201,240	\$268,320

A CMS Change Request (CR) is an official CMS instruction that requires program partners to make a specific operational or system change.

These typically include details about the change and how and when the update should be implemented.

ACA policy is the broad term for the requirements, standards, and processes that shape how ACA Marketplace coverage works.

ACA policy can come from rules and laws.

Rules

Rules explain how ACA programs are run.

The Centers for Medicare & Medicaid Services (CMS) issues rules to set Marketplace standards, requirements, and operational processes.

Annual NBPP

The **Notice of Benefit and Payment Parameters (NBPP)**, also called the Payment Notice, is CMS' annual Marketplace rule for the upcoming plan year.

Stand-alone rules

CMS can also issue separate rules, such as the 2025 **Marketplace Integrity and Affordability Rule**, to address specific Marketplace issues or requirements.



Laws

Laws create or change the ACA statute.

Laws are passed by Congress and signed by the President. Federal agencies, such as CMS, then update rules and operations to follow the law.

Example

Once passed, the **Working Families Tax Cut (WFTC)**, also known as the One Big Beautiful Bill Act (OBBBA), became law and added eligibility checks and administrative requirements.

Some of these requirements overlap with changes CMS addressed through Marketplace rules.



Currently stayed or vacated

Rule | Law



Increased SEP verification

DMI for income below 100% FPL

DMI generated when tax data is unavailable

Catastrophic coverage hardship eligibility expansion



Currently stayed or vacated

Increased SEP verification

Special Enrollment Period (SEP) Verification is a background process conducted by CMS. An [SEP Verification Issue \(SVI\)](#) occurs when a consumer is asked to verify they have experienced a Qualifying Life Event (QLE). If an SVI is not resolved your client risks losing SEP eligibility.

CMS began verifying loss of coverage QLEs in 2025. CMS announced expanding verification to all QLE types, indicating they would verify at least 75% of SEPs prior to enrollment.

Consumers should be prepared to provide supporting documents to verify SEP eligibility.



Currently stayed or vacated

Joy Goldberg – 2026 application

SYNC COMPLETE
Last synced less than a minute ago

Details

Household profile

Documents

Notes

Edit app

Collect info

Re-quote

More applications

Follow-ups

[Learn more](#) about follow up documents and their statuses.

Item	Status	Member	Deadline	Action
Verify citizenship Coverage may be lost if not verified before the deadline.	ACTION NEEDED	Joy Goldberg	5/2/2026 in 24 days	Verify
Verify loss of coverage Coverage may be lost if not verified before the deadline.	ACTION NEEDED	Joy Goldberg	2/26/2026 Overdue	Verify

Don't have the right documents?

[Collect documents](#)

☐ Show closed follow-ups

DMIs in certain instances

The Marketplace checks a consumer's projected annual household income against data from previous tax returns and other federal data sources. A Data Matching Issue (DMI) may trigger when:

- Tax data is unavailable (began August, 2025)
- Data sources indicate the consumer's income is less than 100% of the federal poverty level (FPL), and the consumer is reporting a higher income on their application.

Consumers should be prepared to provide [supporting documents to verify income](#).



Currently stayed or vacated



Year 1

Tax household's income is less than 100% of the FPL

Not subsidy eligible



Year 2

Consumer reports higher income on subsidy application

Eligible for subsidies



DMI is triggered

Hardship eligibility expansion

Catastrophic plans are available to individuals under 30, or those who qualify for an exemption. There are two types of exemptions:

- **Hardship:** A financial hardship or other exceptional circumstance
- **Affordability:** The lowest-priced coverage available to the consumer costs more than 7.97% of the consumer's household income

Hardship exemption eligibility was expanded to include consumers who fell under 100% Federal Poverty Level (FPL) or above 400% FPL. This expansion is currently paused.



Currently stayed or vacated



Policy updates

- CMS' [2027 Notice of Benefit and Payment Parameters \(NBPP\)](#) introduced sweeping policy changes for the ACA market.
- **Legal challenges:**
 - CV-02215: A [lawsuit was filed](#) challenging certain elements of new and existing CMS rules. [Court ruled](#) to stay (i.e. pause, freeze, suspend) some, but not others.
 - CV-02214: A [federal court ruled](#) to vacate (i.e. annul, void, overturn) certain elements of other CMS rules.
- CMS issued a [statement](#) on July 27.

Q&A

Thank you!